



HealthPOWER!

PREVENTION NEWS

Veterans Health Administration

August 2003

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From the Director's Desk...

The Senior Years – *You Gotta be Healthy, because the Rules of Life change, and Prevention is no longer an option!*

I've got a message that needs to get out to our vets before it's too late, and you readers are the ones who can help, whether you are providers, Prevention Coordinators, other VA employees, or veterans/patients. The message is this: *Take responsibility for your health, and live like you are going to make it to age 100.* While these are simple words, the homily **MUST** be explained, repeatedly, because we humans have difficulty with the concepts of age and health.

Remember that Prevention is the easiest and cheapest medicine to prescribe, but the hardest to take. Why is this? It is difficult to empathize with poor health when you're healthy – there are many examples. Imagining that you may have a heart attack unless you increase your physical activity is like warning a 3 year-old to stop running over gravel – it's likely that only the actual heart attack (or a bloody fall) will change the behavior. Similar to health, age is a condition that we have difficulty comprehending. When we're younger, it's difficult to imagine being older. Combining both health and age evoke even stronger denial in most people. I'm sure you've heard the remark, "I will never get THAT bad," or worse yet, "I hope I die before I get that old," ...or "that sick"... from people observing the elderly. It's difficult to imagine being a senior citizen in poor health when you are young and healthy. The cruel twist of Life (and in testimony to advances in Medicine), however, results in most of us, in America, living to retirement in spite of ourselves. (In less than a century, the average lifespan in the US has increased at least an additional decade.)

My recent periodic reminder of age and health occurred while visiting some elderly relatives, octogenarians, living in a retirement community. Members of this community exhibited the full spectrum of health, with poignant differences at each extreme. There were 60 year-old citizens who could barely totter around, and many who were wheelchair-bound; there were 85 year-old citizens who beat my spry, athletic wife at tennis, every day. There were 80 and 90 year-olds who were extremely mentally agile, more knowledgeable AND insightful regarding current events than most Congressmen. There were also those who could only engage in one-way reminiscences about mundane occurrences in their youth, and of course, those who were monosyllabic and non-reactive. Luckily, the nature of senior citizens is that they have witnessed the vagaries of Life, and they are understanding of human limitations. So, the most physically and mentally capable members of the retirement village went out of their way to bring the physically and mentally handicapped into the social circle – but there is no way that the vibrancy of the retired community could slow to the pace that was needed. It sometimes was a sad sight ...especially when I looked at my kids and saw them as these senior citizens, at an earlier point in their lives, full of hope, youth and health, ever so unprepared for the **CHANGE OF RULES FOR LIFE.**

Continued on page 2

NCP Mission Statement

The VA National Center for Health Promotion/Disease Prevention (NCP) is the central resource for All Things Prevention, to include: prevention information, prevention education and training, prevention research, and prevention recommendations for the VHA. The Center facilitates the improvement and availability of prevention services in order to reduce illness, death, disability, and cost to society resulting from preventable diseases.

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The most fortunate seniors were those who were BOTH physically and mentally intact. While the combined physical + mental score is important, the score in each category is equally important – you have to score well in both! As a senior citizen, all other priorities diminish in the face of poor physical and mental health. Financial health becomes a superficial vanity; day-to-day needs are minimal; exotic tastes are limited or gone; complex relationships and aspirations to power and achievement are laughable memories; enjoyment is focused on simpler aspects of life. ***Whoever scores the highest in both mental and physical health during the later years of life is the luckiest!***

For those folks in the retirement village, it didn't matter where they had been, what university accolades they bore, what awards or achievements they had attained, what physical feats of prowess they had accomplished, what fortunes they had amassed, or what offices they had held. When they reached that "transitional age," **THE PLAYING FIELD OF LIFE HAD ABRUPTLY CHANGED**, and their previous achievements were wiped from the slate. Everything they had strived for in their younger years meant next to nothing if they didn't have physical and mental health in their older age. While the wonderfully resilient nature of humans is that we all cope (survive) with whatever limitations befall us, for a senior drooling in a corner in a wheelchair, it was a cold reality of Life that s/he would have traded any past achievements to regain physical and mental health.

So what is it we want veterans to know? Take responsibility for your health now! Invest early in your health to maximize the physical/mental health payback later in life. While major determinants of life's outcomes might be genetic or otherwise not related to personal behavior, don't worsen your chances. Make disease prevention one of the most important aspects of your life. Eliminate the risk factors that you can personally influence, NOW, while you still have good health and mentation – after all, if YOU don't care about your own health, others will care even less. Think about the future and how your present lifestyle might have negative consequences on your capabilities and faculties when you're a senior citizen. Think about how you can't turn back the clock to change your past life, but you can speed it up and worsen your health prematurely through personal behavior. Maximize your chances to remain healthy.

Send them the simple message: tobacco cessation, weight loss, physical activity, alcohol/drug abuse cessation, and plain, sensible living. You don't have to say it politely, because life at old age can be terribly brutal if you don't have physical and mental health! Don't wait another day.

I better start working out....

yevich, out!



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From the Chief of Staff... *VHA Employee Wellness Programs*

The VA National Center for Health Promotion and Disease Prevention (NCP) has been asked by the VA Leadership Meeting Planning Committee to report on the existence of employee wellness programs in the VHA. The NCP modified a questionnaire that had previously been used to survey over 500 agencies in the private sector by ERC Dataplus. Those results indicated that about 50% of companies surveyed had a wellness program in place for employees.



The 22-item questionnaire was widely disseminated to prevention coordinators, primary care managers and other relevant personnel in 163 VA medical centers, and responses were received from 62 (38%) of the medical centers. Accordingly, these responses may not be fully representative of the VHA system.

Of the 62 medical centers that responded, 24 (37%) indicated that they had a wellness program in operation and 23 (37%) had wellness committees. San Francisco VAMC reported having conducted a research project involving employee wellness.

Regarding administrative support, 19 (31%) medical centers reported receiving messages supporting health promotion from their Director within the last 12 months. In San Francisco, the Director issued a Wellness Week Proclamation. Wellness was included in mission statements in 11 (18%) of the facilities. Only 2 had policies that addressed healthy food options for employees. Employees were offered incentives to participate in wellness programs in 7 (11%) medical centers. A written policy on flexible work schedules, breaks, or extended lunch periods to support employee exercise during work time was present in 8 (13%) medical centers. In Detroit, employees may be given time to exercise at lunch, with supervisor permission.

VA medical centers offer good support for physical activity in the following ways: outdoor walking sidewalks or trails (56, or 90%), bike racks (34, or 55%), indoor fitness facilities for employees (38, or 61%), and showers, lockers, changing areas available to employees (40, or 65%). Portland boasts a beautiful walking/running trail. In lieu of or in addition to onsite fitness facilities, 21 (34%) of the facilities offered discounted employee memberships to health clubs or gyms. Healthy food options are available in 52 (84%) medical centers. In San Francisco, the Canteen Manager is an ad hoc member of the Wellness Committee.

Health promotion activities for employees varied among the respondents. Only 9 facilities (15%) provided a questionnaire

to assess employee health behaviors. Some type of screening (blood pressure, cholesterol, physical fitness, weight, blood sugar) was offered by 40 (65%) of the responding facilities. Additional health promotion activities included encouraging the use of stairs (22, or 35%), labeling healthier food choices (16, or 26%), and providing educational materials or lectures (39, or 63%). Hines VAMC held a weight loss competition. Approximately one-half of the medical centers offered employees one or more of the following health promotion services: nutrition/weight management classes (31), physical fitness/exercise classes (32), tobacco cessation programs (39), stress management classes (44), self help materials (35), a special event, such as a fun run (29), or a health fair (30). Fitness runs, walks, or sports events had been held at White River Junction, Battle Creek, Portland, Manila, and West Palm Beach. Weight Watchers was offered at Minneapolis and White River Junction, healthy box lunches were offered at Hines, and yoga was offered at White River Junction and at Boston.

These data, although limited in generalizability due to the low survey response rate, may suggest that a significant gap exists in the VHA with regards to efforts to promote good health among its employees. Wellness programs generally take place in the medical centers, but not in the associated Community Based Outpatient Clinics. Yet, wellness interventions are generally low in cost and high in benefits to the organization in terms of higher employee morale, higher productivity, and lower absenteeism. Further, employees who practice healthy behaviors serve as role models for patients. A medical center environment that noticeably encourages healthy behavior among its staff also serves to encourage patients to respond in kind. The good news is that there is abundant room for many easy-to-achieve improvements at both the facility and higher levels. Accordingly, an abundance of work remains to be done. Let's get going!

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National Women's Health Week

May 11-17, 2003

(Continued from the MAY 2003 edition of this newsletter)

Many VA facilities participated in the celebration of National Women's Health Week (May 11-17, 2003) by hosting various events at their sites. The first event was the Women's Annual Check-up Day, held on May 12, 2003.

During the publishing of the May 2003 edition of the newsletter, we highlighted a few of the reported activities from across the nation; however, after the newsletter was printed and distributed, many more pictures and testimonials had arrived. We want to highlight all the facilities who submitted reports of their week's activities:

VISN 2

Canandaigua, NY
Rochester, NY (featured in the May 2003 newsletter)

VISN 3



New York Harbor HCS (New York Campus) - pictures are from the 12th Annual Women Veterans Spring Conference held on May 15th to coincide with Women's National Health Week. Carole Turner (pictured in May 2003 newsletter) addressed a group of about 80 women who attended.

VISN 4



Erie, PA - The Women's Veterans Program, Preventive Medicine Group, CBOC Team Leader, and the Nurse Educator coordinated a one-day open house with educational materials and healthy food samples.

VISN 4 (cont'd)

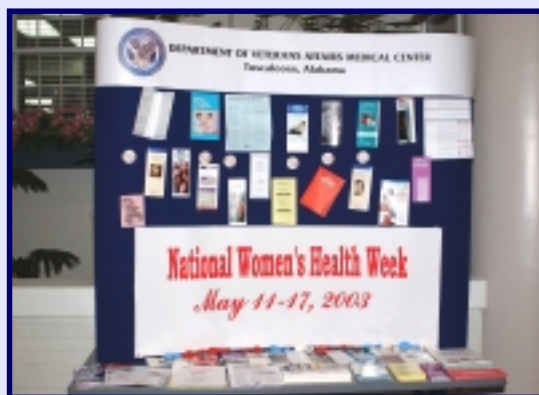
Altoona, PA
Philadelphia, PA (featured in the May 2003 newsletter)

VISN 6



Asheville, NC (narrative featured in the May 2003 newsletter, however, the pictures were excluded)

VISN 7



Tuscaloosa, AL - The facility provided handouts and featured a display.

Mobile, AL

Continued from page 4

VISN 8

North Florida/South Georgia Veterans HCS (Gainesville, Lake City, Daytona Beach, Jacksonville and Tallahassee)
Tampa, FL

VISN 9

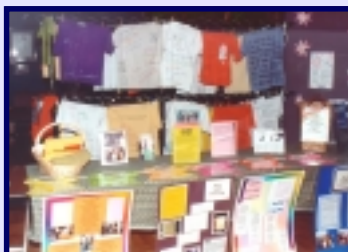


Tennessee Valley HCS - joined the celebration with programs, displays and handouts at the Nashville and Alvin C. York VA Medical Center campuses and at the Chattanooga, Knoxville, Clarksville and Fort Campbell Outpatient Clinics. Pictured from left to right: Susan Wodicka, MD and Emily Ramer, RN

VISN 11

Battle Creek, MI
Iron Mountain, MI

VISN 12



North Chicago, IL - Women's Health Forum held on May 14th; an open-house activity with 4-5 1/2 hour sessions on various womens' health topics.

Great Lakes HCS (Chicago HCS, Grant Park, Iron Mountain, Madison, Milwaukee, Pewaukee, Tomah,)

VISN 15

Poplar Bluff, MO

VISN 16



Houston, TX - Women's Heart Health Fair



Oklahoma City, OK - hosted a Spring Tea with assistance from the American Legion Auxiliary. Dr. Pamela Fischer discussed Stress and How You Can Make Stress Work for You.

Fayetteville, AR
Gulf Coast HCS (Biloxi, Panama City and Pensacola)
Shreveport, LA (pictured in May 2003 newsletter)

VISN 17



VA North Texas HCS (Bonham, Dallas, Forth Worth) - Cathy Grumbeck, Women's Veterans Program Manager, hosted several "Meet and Greet" sessions for women veterans. Grumbeck interfaced with 56 participants in Dallas, 27 in Forth Worth and 20 in Bonham.

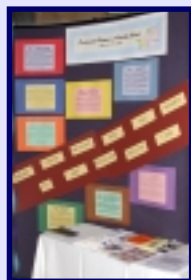
Continued on page 6

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VISN 18

Phoenix, AZ
Prescott, AZ

VISN 19



Salt Lake City, UT - During the week of May 11-15, held brown bag lunchtime discussions: self defense for women; discussion on integrated health; time management skills; 10 quick, easy, healthy and cheap snacks for better health; news on hormone replacement therapy.

Cheyenne, WY

VISN 20



Boise, ID - coordinated a lunchtime presentation on "Hormone Replacement Therapy." Picture 1 - from left to right: Annie Fife and Dion Mallea



Walla Walla, WA - had a health fair with lots of handouts

Anchorage, AK
Portland, OR
Puget Sound, WA
Roseburg, OR
Spokane, WA
White City, OR

VISN 21

Honolulu, HI (pictured in the May 2003 newsletter)
Manila, PI
Palo Alto, CA

VISN 22

Southern Nevada HCS (Las Vegas - pictured in the May 2003 newsletter)

VISN 23

St. Cloud, MN

We express much gratitude to the VA medical centers and community-based outpatient clinics who submitted pictures and/or narratives of their National Women's Health Week activities.

NCHPDP Staff

Correction:

In the May 2003 edition of HealthPOWER! Prevention News, a list of the Prevention Champion nominees was provided. Three names - **Tarynne Bolden, Theresa Berg and Patsy Green** - were incorrectly listed under VISN 12. These individuals are part of VISN 11.

The Editorial Staff deeply apologizes for this error.

Update on *MOVE!*

The development of the *MOVE!* weight management and physical activity program continues unabated. When fully implemented nationwide, this program will effectively address the obesity epidemic in the VA. *MOVE!* will provide an individually tailored minimalist intervention in concert with a public health perspective, as well as more intensive and comprehensive treatment dictated by patient need. The VA will become the benchmark for national efforts to deal with the obesity crisis.

Feedback from participants attending the April NCHPDP Weight Management training conference is being used to make improvements in *MOVE!* The *MOVE!* manual is undergoing refinement. This includes reducing and consolidating the number of "initial" handouts which every patient receives, maximizing staff flexibility in assigning/providing optional handouts, improving handouts, strengthening the instructions and suggested scripts for patient encounters, greatly increasing the number and variety of lesson plans and accompanying handouts for group treatment sessions, and elaborating the section on weight control pharmaceuticals. Further, the reports from the computerized patient assessment are being reorganized to assure improved utility.

The *MOVE!* program will be ready for field trials this fall, which will test the feasibility of implementation in the primary care setting, as well as its clinical effectiveness for patients. VA sites scheduled to conduct trials include Albany (Clifton Park CBOC), Albuquerque, Buffalo, Chicago, Des Moines, Durham, Minneapolis, Murfreesboro, San Diego, Seattle, and Tucson. Several other sites are additional possibilities as this goes to press. The trials will be conducted for a period of six months. Results from these trials will guide further refinement, after which the program will be distributed for use throughout the VHA. But that is not the end! Improvements and expansion of the program will be forthcoming thereafter, as

applications for regional and ethnic differences, and special populations are developed and implemented.



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Individual Preventive Medicine Counseling/ Risk Factor Reduction Codes 99401-99404

Preventive health counseling services are provided at a visit separate from a visit for diagnostic purposes or follow-up and are for the purpose of promoting health and preventing illness or injury. These codes vary by age and the length of time counseling/risk reduction is provided. Time-based codes are measure in 15-minute increments:

- 99401 – approximately 15 minutes
- 99402 – approximately 30 minutes
- 99403 – approximately 45 minutes
- 99404 – approximately 60 minutes

These codes cannot be used to report counseling and risk factor reduction interventions provided to patients with symptoms and/or established illness. For counseling of patients with symptoms and/or established illness, the appropriate office, hospital, consultation or other E & M codes should be used.

(Reprinted with permission from *MAKING SENSE*, Vol. 1, Durham VAMC, March 2003)

Prevention Roundtables in VISN 4

Mr. Lawrence Biro, Director of VISN 4, has been sponsoring a Prevention Roundtable every three months for that network, which is joined via video teleconference between Philadelphia and Pittsburgh, and attended by top clinical management and other participants throughout the VISN. Mr. Biro began by hosting a clinical roundtable session on pain management, with good results, which was then followed by other clinical topics, including prevention. Other roundtables are conducted on ethics, and on research. Mr. Biro explains that “the purpose of these roundtables is to provide an opportunity for experts in their respective fields to brief me on the latest research and practices that would help the Network reach its goals of quality health care and efficient operation”. He further states that, “it is an opportunity for those interested in a particular topic to talk about that topic directly to the Network Director.” Regarding prevention, he states, “Obviously there is a need to prevent disease rather than treat it. We are focusing on the preventive measures in VA performance measures”.

Richard Harvey, Ph.D., NCP Assistant Director for Preventive Behavior, and Linda Kinsinger, M.D., MPH, were invited to present at the Prevention Roundtable on June 16th. Dr. Harvey discussed the work on the revised VA/DOD Tobacco Use Cessation Clinical Guidelines, which will be published after final approval. The Guidelines are in draft form at this time. Accordingly, Dr. Harvey discussed the work of the expert committee, but cautioned that all recommendations are tentative and subject to approval or further modification. He described the new guidelines as evidence-based, adhering to a broad public health perspective, focusing upon brief initial intervention in primary care or other medical settings, and including both brief counseling and pharmacotherapy in almost all interventions. The draft guidelines include sections on motivational enhancement for those patients who choose not to stop using tobacco, on prevention for at risk children and other nonusers of tobacco, and on interventions for special populations.

Linda Kinsinger, MD, MPH, Assistant Director for Education, gave a presentation on “Screening for Prostate Cancer: Sharing the Decision.” Using a slide presentation developed by a team at CDC, the University of North Carolina, and Dartmouth, she discussed the risk

of prostate cancer and its natural history, the potential benefits and harms of screening for and treating prostate cancer, and ways that primary care clinicians can use shared decision-making with patients to decide whether to screen for prostate cancer. She noted that prostate cancer is heterogeneous (some cancers are fatal and others are not) and that the known risk factors (increasing age, certain racial/ethnic groups) are not modifiable. Screening for prostate cancer with prostate specific antigen (PSA) has potential benefits, in that PSA screening detects cancers earlier and may contribute to the declining death rate from prostate cancer (although that is not certain).

However, PSA screening also is associated with potential harms from false positives, which are common; overdiagnosis (finding cancers that would not have led to clinical problems); and treatment-related side effects (incontinence and impotence). Given the conflicting evidence and close balance of benefits and harms, shared decision-making between patients and clinicians is the best current strategy for deciding whether to screen. Shared decision-making includes providing information to patients about the issues, discussing their questions and concerns, discussing why men differ on what they decide, and finally, making a joint decision. The current VHA recommendation and performance measure for prostate cancer screening calls for education about the pros and cons of screening.

Richard Harvey, PhD, Assistant Director, Preventive Behavior

Linda Kinsinger, MD, MPH, Assistant Director, Policy, Program, Training and Education



Pictured - left to right:: Lawrence Biro; Gurmukh Singh; Linda Kinsinger; and Richard Harvey

Veterans Day Race - Northport VAMC November 8, 2003

Looking for a veterans' sports event? Mark your calendar for Saturday, November 8, 2003. Plan to participate in the **Veterans Day Race** at Northport VAMC, Long Island, NY. Bring the entire family. There will be



2002 - Veterans Day Starting Line

events planned for all age groups.

The four-kilometer cross-country run starts at 10:00 a.m. on the golf course (low impact, low stress) of the VAMC, a challenging, scenic, and spectator-friendly course.

There are usually about 400 participants, almost one fourth of whom are veterans. Featured here are several pictures from last year's event.

Although a cross-country race, the Veterans Day Race features the amenities runners expect from a road race. Participants receive a high quality t-shirt featuring the Veterans Day Race logo with their entry. (As incentive for early registration, the **first 200 registered runners receive a long sleeve mock turtleneck shirt**; subsequent registrants receive a high quality short sleeve shirt).

The race is timed using the most advanced chip timing system. Finishers are eligible for custom "**dog tag**" awards to the top three males and females in:

- Open competition
- Master's competition
- Veteran/Military competition, and
- Five year age groups (13 & under, 14-18, 19-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70 & over).

The **Healthy People 2K Run** is a two kilometer non-competitive event for entry level runners of all ages which begins at 9:30 a.m. Participants of the Healthy People 2K Run receive "dog tag" finishers' medals and certificates provided by the USPHS.

All participants are entered and are eligible to win **free raffle prizes** provided by Polar Electro Inc. (heart rate monitors and products) and Super Runners Shop (running shoe and apparel gift certificates). Post race refreshments (hot chocolate, clam chowder, and bagels) are provided by volunteers from American Legion Post 694 in the VAMC Auditorium building.

Registration and chip/t-shirt/give-aways are available the day of the race from 7:45 a.m. to 9:15 a.m. in the VAMC auditorium building. A number of organizations, including the US Army, US Postal Service, and National Center for Health Promotion & Disease Prevention (stop by and receive a pedometer), will have booths in the registration area. Volunteers, many of them veterans, from the Northport Running Club of America, a non-profit organization, manage the race.



2002 - VAMC Auditorium

Readers may obtain additional information by mail to:

Veterans Day 4K
6 Todd Court
Huntington Station, NY 11746
POC: Dennis Golden

or by e-mail to: veteransdayxc@aol.com

Additional race information will be posted on the website of the Northport Running Club at www.nrcrun.org



2002 - Cannon Start

NATIONAL HIV TESTING DAY

June 27th marks the annual observance of National HIV Testing Day. For the third year, a Clinical Social Worker from the Healthcare for Homeless Veterans (HCHV) outreach program in **HAMPTON VETERANS AFFAIRS MEDICAL CENTER (VAMC)** will be a part of a collaborative team targeting the homeless community in downtown Newport News, Virginia. This collaborative team also includes staff from the Peninsula Greater Care Foundation (formerly Peninsula Aids Crisis Taskforce), the Peninsula Institute of Community Health, the Newport News Office of Human Affairs, Food-bank of the Virginia Peninsula, and Planned Parenthood. Six homeless individuals who have agreed to be leaders in the HIV testing and prevention effort also serve as integral members of this team.

The collaborative team publicizes National HIV Testing Day and performs outreach to recruit homeless individuals and other community members to participate in Ora-Sure HIV testing. This method of testing is done with saliva, rather than needles, and thus is often preferred, as it eliminates the barrier to testing that a phobia of needles has presented in the past. Music, food, flyers and giveaways also help to promote the event. Martha (Marti) Chick, LCSW, of the HCHV program at the Hampton VAMC integrates this effort into her outreach duties, publicizing the event during outreach and among individuals in the Salvation Army grant and per-diem program where she is also assigned. Ms. Chick provides transportation assistance for interested veteran participants, and donates snack items to include in the “goody” bags given to testing participants.

This partnership has led to an ongoing and beneficial patient education relationship between VA and the local public health community. With some coordinating efforts by Ms. Chick, also a representative for Mental Health on Hampton VAMC’S Patient Health Education Committee, and Sharon Durio, Patient Health Education Chair, staff from Peninsula Greater Care Foundation and Tidewater Aids Crisis Taskforce participated in Hampton VA Medical Centers’ Patient Health Education Fair last November. In addition to staffing an informational booth at the fair, they led a class about community resources for individuals with infectious diseases. Although the VA

provides special care and education for HIV and infectious diseases, these other local agencies offer housing programs and additional supports for HIV infected individuals within their local community.

In the Hampton VAMC HCHV Program, patient health education is essential to every intervention with a homeless veteran throughout the year. Health education is essential as homeless individuals have an extremely high rate of chronic and acute health problems. Addictive disorders and mental illness are also common among this group. Moreover, homeless individuals present many unique challenges in receiving adequate treatment and follow-up (National Coalition For the Homeless, 1999). Many of the homeless veterans seen during outreach or as walk-in’s may not be ready for a treatment program or to aggressively address health problems.

In addition to above education efforts, HCHV staff have a wide variety of brochures and pamphlets on health, mental health, and addiction issues available in waiting areas. This bibliotherapy, approved by the facility’s Patient Health Education Committee, provides the opportunity to target veterans at earliest levels of readiness to change, levels most successfully addressed by factual and statistical information. Thus at Hampton VAMC, like Social Work itself, patient education is a holistic effort including individuals, groups and communities.



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National Coalition for the Homeless (1999), *Health Care and Homelessness*, Fact Sheet #8, June. www.nationalhomeless.org/health.html

THE BENEFITS AND JOYS OF WALKING

For many years, the potential benefits of walking were overlooked as health experts—and most other people—focused on more vigorous forms of physical activity, such as running and higher intensity sports. Many people did not think of walking as “exercise”. Now, a growing number of health experts are recognizing the benefits of walking. As concerns about the epidemic of obesity in children and adults intensify, interest in physical activity that is accessible to most people and can increase energy expenditure has increased. Walking is also earning new respect as we learn that this simple and relatively safe form of physical activity is associated with important benefits including reduced risk of diabetes, hip fracture, coronary heart disease, stroke, and premature death.

A study published just recently described the relationship of walking to mortality in U.S. adults with diabetes (Gregg, Gerzoff, Caspersen, Williamson, & Narayan, 2003). Diabetes affects more than 16 million U.S. adults, and is associated with many health complications, so any intervention that can help reduce these risks has great public health significance. In the study, almost 3000 adult diabetics selected to represent the U.S. population were followed for 8 years. The diabetics who walked at least 2 hours per week had a 39% lower death rate compared with those who said they did not walk for exercise. The mortality rates were lowest in those who reported walking 3 to 4 hours per week. The investigators were careful to exclude individuals who were physically disabled and controlled for other factors such as age and weight status.

Most deaths in the United States are associated with cardiovascular diseases. Several recently published studies helped answer the question of whether walking protects against coronary heart disease in men and women. A group of more than 44,000 male U.S. health professionals who started the study without coronary heart disease were questioned about their physical activity every 2 years from 1986 to 1996 (Tanasescu, Leitzmann, & Hu, 2003). The analyses found that walking at least a half hour per day was associated with an

18% lower risk of a new diagnosis of coronary heart disease, and a faster walking pace was associated with lower risk independent of the number of walking hours.

For women who walk for exercise, the news is looking even better. Researchers looked at physical activity in relation to new diagnosis of coronary heart disease among almost 74,000 ethnically diverse U.S. women during more than 5 years of follow-up (Manson et al., 2002). Women who walked for at least 2.5 hours per week had a 30% lower risk of coronary disease. As in men, faster walking pace was associated with reduced risk independent of the total time walked. These researchers concluded that both walking and vigorous activity reduce risks of cardiovascular events, regardless of race or ethnic group and body mass index.

The results of other studies indicate that walking and other moderate level exercise can lower blood pressure, help prevent diabetes, prevent weight gain over time, prevent hip fractures, maintain physical function in patients with osteoarthritis, and promote emotional well-being. Some studies have found benefits for as little as one hour of walking per week compared with no walking for exercise. Brisk walking for just 10 minutes can improve mood and regular walking may help prevent depression.

How can we help more people enjoy the benefits of walking for exercise? Although walking is the most popular form of exercise, particularly among women and older Americans, less than 25% of the U.S. population walks at least 30 minutes a day, the amount recommended based on the research. One way is to help more people learn about what walking can do for them. Health care providers can ask their physically able patients about their walking, and encourage them to add more walking into their lifestyles. We recently studied the effects of nurse counseling for elderly primary care patients, and found that about 40% of the patients adopted a program of walking at least 20 minutes 3 days a week and maintained this for a year (Dubbert, Cooper, Kirchner, Meydrech, & Bilbrew, 2002).

A reasonable goal for many relatively healthy adults is to start by adding 2,000 steps or about 1 mile, or 15-20 minutes of walking per day. Smaller goals, like adding 10 minutes of walking once or twice a day may be

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appropriate for patients with greater health impairments. Since we know from the research that walking pace is also important, walkers should strive to walk at a pace that increases heart rate and breathing and produces some sweating, but not so fast that they are too breathless to carry on a conversation. Walking is very safe compared with many forms of physical activity, but a small percent (around 1.5% in one survey) of walkers do report injuries (Powell, Heath, Kresnow, Sacks, & Branche, 1998). Taking good care of feet, wearing good shoes, sun protection, and choosing a safe place to walk can all help keep walking safe and enjoyable. To enhance mental health benefits, we tell our patients not to worry while they walk—instead use walking as a time to relax.

Having a walking partner can help many people enjoy walking and stick to a program over time. The ideal companion can walk at a similar pace and distance so one is not holding the other back. People who enjoy the encouragement and structure of some kind of program should check around, as programs are becoming increasingly available in communities and on the internet. For example, anyone with internet access can join a new web-based program called America on the Move to track progress and get discounts on step counters (www.americaonthemove.org) (Hellmich, 2003).



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*National Health Observances October - December 2003

October

Family Health Month www.familyhealth.org

Healthy Lung Month www.lungusa.org

National Breast Cancer Awareness Month

www.nbcam.org

National Dental Health Hygiene Month www.adha.org

National Liver Awareness Month

www.liverfoundation.org

Mental Illness Awareness Week (5-11) www.psych.org

National Depression Screening Day (9)

www.mentalhealthscreening.org

National Adult Immunization Awareness Week

(12-18) www.nfid.org/ncia

National Mammography Day (17) www.cancer.org

November

American Diabetes Month www.diabetes.org

Diabetic Eye Disease Month www.preventblindness.org

Lung Cancer Awareness Month www.alcase.org

Pancreatic Cancer Awareness Month www.pancan.org

Great American Smokeout (20) www.cancer.org

December

National Drunk and Drugged Driving (3D)

Prevention Month www.3dmonth.org

National Hand Washing Awareness Week (7-13)

www.henrythehand.com

*Source: 2003 National Health Observances, National Health Information Center, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, Washington, DC

Healthcare and Islam

Islam teaches that there is a very deep connection between the three major aspects of human existence: the physical, the intellectual and the spiritual. A human being in general and a believer in particular, has a duty to take good care of the health of the body, mind and spirit. It makes us realize that if we are eating the right types of foods and maintaining a healthy work out routine, then we will benefit from good health and the prevention of diseases. In Islam there exists a complete diet code which includes details about the lawful and unlawful animals, and foods fit or unfit for human consumption. This diet code enables the believers to make smart choices by following the recommended style of eating which will result not only in keeping ourselves healthy and fit but it will prevent diseases. The Holy Qur'an says: "O' humankind! Eat of what is on earth lawful and good and do not follow the steps of Satan for he is to you an avowed enemy."¹ The word *tayyib*, good in Arabic, means pure, clean, wholesome, nourishing and pleasing to the taste. Another verse reads: "O' you Messengers/prophets! Eat of the good things and do righteous deeds."² Here the divine command is reported to be the same for all the prophets and messengers of Allah³ namely, to eat what is pure and good. The next verse is very clear about the bounties of Allah: "Say: Who has forbidden the beautiful (gifts) of Allah which He has produced for His servants, and the things clean and pure (which He has provided) for sustenance? Say: they are, in the life of this world, for those who believe, (and) purely for them on the Day of Judgment."⁴

The Prophet Muhammad (pbuh)⁵ reported to have said "The son of Adam had never filled a container worse than his stomach, if you must eat, divide the stomach in three parts: one third for food, one third for drink and one third for breathing". (Hadith = Saying of Prophet Muhammad pbuh) This Hadith is considered to be the golden principle for prevention of diseases and good health. If we Americans followed this principle of eating to fill only one third of the stomach with food, we would be able to save the billions of dollars we spend to buy products for loosing excess weight. The Prophet Muhammad (pbuh) said: "We do not eat until we become hungry and when we eat we do not fill our stomach with food". Eating good food in small quantities is the key to prevention of diseases.

The Prophet also said to treat the sickness with two medications: "The Qur'an and the honey". The recitation of the glorious words of Allah, as written in the Holy Scripture, are traditionally used by Muslims to aid recovery from physical, mental and spiritual diseases. Honey was traditionally used by the Prophet, who spoke often about its natural benefits to the human body for the treatment and prevention of a variety of ailments. The Holy Qur'an contains certain chapters and verses which are recited to attain recovery from sickness. The Prophet said: the Opening chapter is a cure for all kinds of diseases. The Daybreak⁶ will treat external diseases and evil. The Hu-

mankind,⁷ will cure internal diseases and evil of whisperings of Satan. Other healing verses include the following,⁸ (He "Allah" will heal the breasts of folk who are believers),⁹ (O' humankind! There has come to you an exhortation from your Lord and a healing for (the diseases) in your hearts and for those who believe, a guidance and a mercy¹⁰. (And your Lord inspired the bee saying: make your habitations in the hills and in the trees and in (men's) habitations. Then eat of all fruits (of the earth) and find with skills the spacious paths of your Lord. There comes forth from their bellies a drink of varying colors, wherein is healing for humankind. Verily In this is a sign for those who reflect)¹¹. (And we reveal of the Qur'an that which is a healing and a mercy to those who believe and to the unjust it causes nothing but loss after loss)¹². (And when I am sick it is He (Allah) who cures me)¹³. (had we sent this as a Qur'an in a language other than Arabic, they would have said: why are not its verses explained in detail? What! (a book) not in Arabic and (a messenger) an Arab? Say it is a guide and a healing to those who believe".

According to Islam a firm belief in God and His perfect names and attributes have great healing power to cure diseases. The Holy Qur'an mentions¹⁴ "The most beautiful names belong to Allah (God), so call on Him by them". The 99 good names of God have healing impact on sickness. I have been personally involved for many years in providing spiritual healing by recommending certain beautiful names and attributes of Allah (God) to members of my community and having good results. I want to tell you the story of a Muslim lady who has lived in San Jose for more than two decades. She was diagnosed to have Cancer. She first sought the second opinion and when her sickness was confirmed she was recommended to go for radiation therapy. She came to me asking about spiritual therapy. I recommended the appropriate remedy of the names and attributes of God almighty which she preferred to try first keeping her full trust in God. After three months she went for the check up, she was sent several times for the X-rays and finally to everyone's surprise, she was told by the doctor that there was no longer any trace of Cancer in her body. She is still in the area and continues to enjoy good health. It was considered as a miracle by the doctors and other people who could not find any other explanation. There are hundreds of such cases in which I was personally the provider of the spiritual care and I am certain that these patients have successfully benefited from spiritual treatment. Islam recommends the use of both medical treatment and spiritual healing simultaneously.

The Holy Qur'an is very clear in its prohibition of committing suicide, killing, or destroying oneself: "Do not make your own hands contribute to your destruction, but do good, for Allah loves those who do good"¹⁵. and "Do not kill yourselves, for verily Allah has been to you most merciful."¹⁶ Life is considered a trust from God and we are the custodians of that trust in this world and will be accounted for any negligence in preservation of this life in the best possible way. Similarly, we will be re-

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warded on the Day of Judgment for taking good care of this life by following the rules of hygiene.

Islam instructs its followers to do justice to all and to begin with one's self by living in moderation in order to fully benefit from God given faculties. Remember that you are a combination of body and spirit, you are required to do justice to your body and spirit by nurturing the both in the prescribed way to live a healthy physical and spiritual life. The most important advice on this subject we find in the glorious words of Allah in the Holy Qur'an: "Eat and drink and waste not by excess for Allah loves not the wasters."¹⁷ This divine commandment is interpreted to includes following advises: eat wholesome and healthy food, eat moderately, do not waste any food by excess, Allah does not love those who waste food, and that Islamic diet code only allows for water and non-alcoholic drinks. The Prophet of Islam, Muhammad, (pbuh) said: "The strong believer is better in the sight of God, than the weak believer though there is good in both of them."

I personally believe that food has some effect on the personality and the character of an individual. I also think that the saying, "we are what we eat" has some truth in it, therefore, we must be very careful in following the diet code which is recommended by the One who created us.

The proper lifestyle for a Muslim is to follow the diet code and make sure to have physical activity of some kind to digest the food. The Prophet of Islam has recommended running , swimming and horse back riding. We may choose a sport of our choice for our physical fitness. The Prophet has also given some wise advice for after lunch and after dinner activity saying: "brief rest after lunch and going for a walk after dinner" will be beneficial.

One of the *Five Pillars of Islam*, the most important duties a Muslim, is to perform the formal prayer five times a day. The five daily prayers a Muslim has to perform begin with the shortest prayer at dawn and longest after the dinner. In addition to the spiritual value, taking into consideration the need to do the physical exercise especially after dinner, shows the wisdom behind this teaching.

Another Islamic duty is to fast between dawn and dusk during the ninth month of Islamic Lunar Calendar. One of the important activities of the month of fasting, Ramadan, is to offer a special prayer called *Taraweeh*. This prayer is twenty units (Rak'ah) long, instead of two, three or four units normally performed in daily prayers. It is offered at night after the fifth prayer for about one and a half to two hours, to enable the Imam to complete the recitation of the whole Qur'an in parts, and for the congregation to listen to it for spiritual reasons. It is at the same time a very long and tiring physical activity incorporated in such a way that you are doing basically an important spiritual prayer with tremendous spiritual rewards yet you are perhaps unconsciously involved in a work out helping to digest the food you had eaten after sunset to break your day long fast.

In my very deep involvement with the believing communities in India, the Middle East, Europe and America, I have seen the people who strongly believed in God, also believed in the ability of spiritual healing and recovered from their sicknesses in a shorter period of time than those who did not believe or did not practice according to their beliefs.

A believer in God may have more patience in dealing with the day to day issues of life and whatever bad or negative it brings to him. In Islam whatever calamity, sickness, accidents, natural disasters hit a believer is explained as a test of the faith of a believer or a reminder to shake him and bring him back to God. For a good, practicing believer, sickness will be purification for the body. Therefore it should be taken with lots of patience. A story of a lady is narrated in the Islamic sources. A lady came to the Prophet (pbuh) complaining about her sickness and fits from which she was suffering. The Prophet told her, "If you are patient, then you will be rewarded with the guaranteed entry to paradise, and if you would prefer me to pray to Allah to grant you the recovery, I will do that, but heaven will not be a guarantee for you in this case." The woman decided, "I choose to be patient and be guaranteed paradise." If someone is suffering with a sickness or some other calamity and that person is not practicing the faith, he or she should take it as a sign or a wake up call and should return to God. They will then be granted His mercy and forgiveness.

There is a great reward for the people who care for the patients and for those who visit them. The Prophet Muhammad (pbuh) said that Allah Almighty will say on the day of judgment "O' son of Adam! I fell ill and you did not visit me." He will say: "O' my Lord! How could I visit you when you are the Lord of the worlds?" He will say: "Did you not know that my so and so servant had fallen ill but you did not visit him? Did you not know that if you had visited him you would have found me with him? O' son of Adam! I asked you for food and you did not feed me." He will say: "O' my Lord! How could I feed you when you are the Lord of the worlds? He will say did you not know that my so and so servant begged you for food and you did not feed him? Did you not know that if you had fed him you would surely have found that with me. O' son of Adam! I asked you for a drink but you did not give me a drink." He will say: "O' my Lord! How could I give you a drink when you are the Lord of the worlds?" He will say: "My so and so servant asked you for a drink and you did not give him a drink. Did you not know that if you had provided him with a drink you would have surely found that with me." (Related by the book of prophetic tradition: Muslim).

A man came to the Prophet and asked him whether one should treat one's sickness? The Prophet said "yes, treat your diseases for Allah had created a cure for every sickness except the old age." (Hadith from Tirmidhi). It is prohibited for a Muslim to use any medications which contain any unlawful properties such as alcohol if an alternative medicine is available. If there is no other option and only one kind of medicine is

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available which contains some unlawful ingredients then it will be allowed as a rare condition in which a patient is forced with the necessity. This rule will apply to all similar conditions of many different kinds of diseases, surgical operations, and check ups. It is highly recommended for Muslim patients to make sure that they go for check ups to the appropriate doctors: female patients to female doctors and male patients to male doctors if this is possible. In the absence of same sex doctor they will be allowed to see any doctor, following the same rule: *forced with the necessity*. It is also recommended that one should not enter or leave a place that is affected by a virus or contagious disease.

The saying of a grace/supplication at the time of visiting a sick person can be translated as “don’t worry, this sickness will purify you (from harmful impurities), God willing.

dul-Adhaa



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Important Islamic Dates

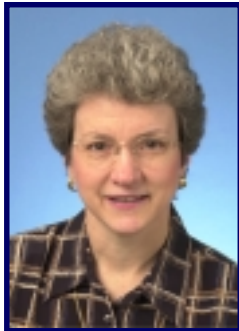
The day	Islamic month	1424-6AH	2003CE	2004CE	2005CE
New year	Muharram	1/1	3/4	2/22	2/10
'Aashurah ¹⁸ (Tenth)	Muharram	1/10	3/13	3/2	2/19
Prophet's birthday	Rabi'ul Awwal	3/12	5/14	5/2	4/21
'Israa' & Mi'raj ¹⁹	Rajab	7/26	9/23	9/11	9/1
Nisfu Sha'ban ²⁰	Sha'ban	8/14	10/11	9/30	9/19
1 st Ramadan ²¹	Ramadan	9/1	10/27	10/16	10/5
Night of power ²²	Ramadan	9/26	11/21	11/10	10/30
'Idul-Fitr ²³	Shawwal	10/1	11/25	11/14	11/4
Yawm 'Arafah ²⁴	Dhul-Hijjah	12/9	—	1/31	1/20
'I ²⁵	Dhul-Hijjah	12/10	—	2/1	1/21

References:

- ¹ Important day for many historical reasons
- ² Prophet's journey to the heaven
- ³ One of the important nights
- ⁴ The holy month of fasting
- ⁵ In this night the 1st portion of holy Qur'an was revealed
- ⁶ Feast of breaking fast
- ⁷ The most important part of the pilgrimage
- ⁸ Feast of the great sacrifice
- ⁹ Qur'an, 10/57
- ¹⁰ Qur'an, 16/68-69
- ¹¹ Qur'an, 17/82
- ¹² Qur'an, 26/80
- ¹³ Qur'an, 41/44
- ¹⁴ Qur'an, 7/180
- ¹⁵ Qur'an, 2/195
- ¹⁶ Qur'an, 4/29
- ¹⁷ Qur'an, 7/31
- ¹⁸ Important day for many historical reasons
- ¹⁹ Prophet's journey to the heaven
- ²⁰ One of the important nights
- ²¹ The holy month of fasting
- ²² In this night the 1st portion of holy Qur'an was revealed
- ²³ Feast of breaking fast
- ²⁴ The most important part of the pilgrimage
- ²⁵ Feast of the great sacrifice

Statement on Written Informed Consent for Vaccinations for VA Employees

Concerns have been raised about difficulties with obtaining written informed consent from VA employees for immunizations. Recently VA General Counsel was asked to issue an opinion about the need for such written informed consent for employees. Currently there is no national or VA-specific standard addressing informed consent for employees. General Counsel found that:



Dr. Linda Kinsinger

- Employees should give voluntary, informed consent for immunizations, but it need not be written.
- A national VA policy may be established requiring written informed consent, but the policy should direct VA facilities to consult with Regional Counsel regarding unique procedural or signatory informed consent requirements dictated by applicable state laws.
- Health care providers should record certain information, either in an individual's permanent medical record or in a permanent office log or file. This information includes the date of administration of the vaccine, the lot number and manufacturer of the vaccine, and the name, address, and title (if appropriate) of the individual administering the vaccine.
- Vaccine information statements (VIS), available from CDC, discuss the benefits and risks associated with a vaccination. Although not legally required for influenza immunizations, their use is recommended.

The General Counsel opinion was discussed with Dr. Gary Roselle, Chief, Medical Service, Cincinnati VAMC, and Dr. Michael Hodgson, Director, Occupational Safety and Health Program. Dr. Hodgson urged that

the practice of obtaining written informed consent from VA employees for immunizations be continued.

The General Counsel opinion also noted that written informed consent is not required from patients for "standard" immunizations.

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NCHPDP, EES and the DOD announce: Building the VA Prevention Workforce - Preventive Medicine Training Conference

For: primary care physicians, nurse practitioners, nurses, dietitians, psychologists, physician assistants and social workers, who are Preventive Medicine Program Coordinators and VISN Preventive Medicine Leaders, and others who are interested in prevention.

Topics: program development and implementation, evidence-based recommendations, behavioral change counseling techniques, delivery models for preventive services, and other practical information on health promotion and education.

**Albuquerque, New Mexico
August 11-14, 2003**

Registration at URL:

<http://chppm-www.apgea.army.mil/FHP>

SOCIAL WORKERS HELP VETERANS LIVE HEALTHIER LIVES

I have worked as a VA Clinical Social Worker for 16 years. For the past 10 years, I have worked in the Primary Care Outpatient Clinic at the Hines VA Hospital, Hines, Illinois. When my 81-year-old mother tells people what I do, she says that she's not really sure, but that I do "psychological type" things for veterans. It's no wonder she doesn't know exactly what I do. The role of clinical social workers in the VA is multifaceted, and it's difficult to give a simple answer. I once heard a physician say that when physicians don't know what to do with a patient, they call the social worker.

Actually, VA social workers in primary care play a major role in assisting providers in helping veterans lead healthier lives. According to studies* published by the National Center for Chronic Disease Prevention and Health Promotion, over 40% of all deaths in the United States are caused by behaviors such as tobacco use, poor diet, alcohol use, unsafe sexual behaviors and illicit drug use. VA social workers address these behaviors in a multitude of ways.

According to CDC statistics, tobacco use is the nation's leading cause of death. Smoking cessation treatment is one of the ways social workers help keep our veterans healthy. At Hines, there are several social workers that provide unique methods of smoking cessation treatment. Veterans who are able to do so attend weekly clinic group sessions. Those unable to attend weekly clinic due to work schedule or geographical location are provided individual treatment. We even have an over-the-road truck driver who is provided treatment through regular contact via his cell phone.

Not getting medical care that is known to save lives is a major health risk among adults, according to the CDC. Social workers often get referrals from providers for veterans who do not come in for their appointments due to lack of appropriate transportation. Arrangements are made to connect them with community resources. Vets with anxiety disorders who refuse some treatments, such as lab work, benefit from having a social worker accompany them to the treatment location, providing advocacy and support.

Unemployed veterans who are unable to pay the co-payment for treatment often are referred to social workers for assistance with hardship applications. Sometimes veterans need services, such as dental care, that are not available to them in the VA system. Social workers make community referrals for these services. There are also veterans who do not take their medications as prescribed. Social workers assess the patient's needs and arrange for in-home health services or enlist the assistance of family members to monitor the medications. Sometimes a higher level of care is required and appropriate placements are made from outpatient settings.

Then there are patients who come in to see their physician with physical complaints that are really symptoms of stress or depression. These may actually be problems related to adjusting to an illness, financial problems due to unemployment or relationship problems. Social workers can assess and treat these conditions with cognitive/behavioral therapy techniques.

Veterans sometime refuse to have needed surgery because they fear losing income during the recovery time. Social workers help the vet figure out how s/he can secure the needed financial assistance. Sometimes it's as simple as assisting with completion of a disability form and getting the provider to sign it. And other times more complicated arrangements need to be made. These veterans are getting the medical care they need because social workers are helping them resolve the social problems that would prevent their getting the service.

Proper nutrition is another major health risk factor for our nation's seniors. Social workers arrange for home delivered meals or in home services for meal preparation, and refer vets to congregate meals. They also make referrals to VA dietitians for nutrition assessments.

One percent of all deaths are attributed to unsafe sexual behaviors. At this facility, social workers provide HIV pre and post-test counseling. The purpose of this counseling is to teach behaviors that can keep veterans safe from HIV exposure.

In primary care clinic, veterans who are using drugs and abusing alcohol are often referred to social workers that work with the vets to help them come to terms with the need to pursue appropriate treatment programs. Vets who initially refuse treatment can sometimes eventually be engaged in making a decision to pursue a formal treatment program when they are encouraged to think about how their substance abuse is affecting their relationships. This process may take several interactions. The primary care social worker is a consistent presence in clinic and can provide this ongoing professional relationship.

I guess if I were to try to explain to my mother what it is that I do, I would have to say that what I do is bio-psycho-social types of things for our veterans. Or maybe I should just say I help the doctors help the veterans live healthier lives.

***McGinnis JM, Foege WH. Actual causes of death in the United States. JAMA 1993;270:2207-12**



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Prevention Champions - Making a Difference in the Year 2003



4th Quarter Clinical "Hands On"

Kristin Nichol, MD, MPH, MBA (Minneapolis, MN - VISN 23), Chief of Medicine and Site Director for the Primary and Specialty Medicine Service Line, was nominated by a colleague for her significant contributions in the field of health promotion and disease prevention through her research with influenza

and the influenza vaccination. Dr. Nichol is known both nationally and internationally for her work in this field. This past year, she has been a primary investigator in research on the nasal spray version of the influenza vaccination. This year, the influenza nasal spray vaccination was approved by the FDA. Dr. Nichol is in high demand as a speaker on disease prevention. Dr. Nichol also serves on many local and national committees on health promotion and disease prevention. She has had numerous publications on health promotion and disease prevention; the majority relating to influenza.



4th Quarter Administrative "Behind the Scenes"

Lawrence A. Biro (VISN 4), Network Director, VA Stars and Stripes Healthcare Network, was nominated by a colleague for his outstanding leadership, initiative, personal involvement, and persistence in encouraging health

promotion and disease prevention in VISN 4. Mr. Biro's presence is felt through the network using the medium of Roundtable discussions. Each quarter, Mr. Biro invites the caregivers to meet personally with him for an organized discussion of health promotion and disease prevention topics. This year, topics included nutrition and prevention of diabetes, prevention of communicable diseases in general and sharp injuries related to employees in particular, smoking cessation, and prostate cancer screening. The discussions provide a briefing for Mr. Biro on the importance of the specific topic and its implications on allocation of resources for additional actions designed towards health promotion and disease prevention.

The National Center for Health Promotion and Disease Prevention is pleased to announce that a total of 42 names were submitted for the 1st, 2nd, 3rd, and 4th quarter National Prevention Champion Awards (see list below). This award is presented to two VA employees (clinical and administrative) per quarter in recognition of meritorious and distinguished accomplishments in the field of Prevention and Health Promotion in the Veterans Health Administration. Prevention Champion awards for FY 2004 will include acceptance of team award nominations.

<u>VISN</u>	<u>Name</u>	<u>Facility</u>	<u>VISN</u>	<u>Name</u>	<u>Facility</u>
1	Michael Mayo-Smith Sue Kancir	Manchester, NH West Haven, CT	12	Jeanette Diels Marian Frosch Douglas Lanska James Otto Ed Zaring	Madison, WI Madison, WI Tomah, WI Chicago (LS), IL Hines, IL
2	Geoffrey McCarthy	Albany, NY	15	Suzanne Opperman	Columbia, MO
	John Sanderson Wayne Beach	Buffalo, NY Syracuse, NY	16	Vicky Ramsey Jennifer Purdy Johnny Henley Mona Benson	Little Rock, AR Little Rock, AR Fayetteville, AR Fayetteville, AR
4	Valerie Boytin Karen Harrison Lawrence Biro	Wilkes-Barre, PA Pittsburgh, PA Pittsburgh, PA	17	Esmeralda Martinez Maria Santos Diana Ramos Teresa Cannon	San Antonio, TX San Antonio, TX San Antonio, TX Temple, TX
6	K.V. Tummala Nancy Smith Nahid Nikfar Mary K. Voss Tracy Yoda	Beckley, WV Beckley, WV Beckley, WV Hampton, VA Hampton, VA	18	Robert White Michael Geboy	Albuquerque, NM Prescott, AZ
8	Mark Daniels Leslie Clarke	Bay Pines, FL Tampa, FL	19	Allan Prochazka	Denver, CO
10	Kim Eskridge Elizabeth Noelker Bettye Morgan Christina Gomer	Cleveland, OH Cleveland, OH Cincinnati, OH Dayton, OH	20	Barbara Hetrick Linda Vollrath	Walla Walla, WA White City, OR
11	Tarynne Bolden Theresa Berg Patsy Green	Detroit, MI Saginaw, MI Danville, IL	23	Kristin Nichol	Minneapolis, MN

VA National Center for Health Promotion
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Putting Prevention Into Practice in the VA